

**FORM PTO-1595 (Modified)**  
**(Rev. 03-01)**  
**OMB No. 0651-0027 (exp. 5/31/2002)**  
**P08A/REV03**

## **RECORDATION FORM COVER SHEET**

**U.S. DEPARTMENT OF COMMERCE**  
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# PATENTS ONLY

**Tab settings** ➔ ➔ ➔ ▼

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):		2. Name and address of receiving party(ies):	
		Name: <u>O2Micro International Limited</u>	
		Address: <u>P.O. Box 32331 SMB</u>	
		<u>Grand Cayman</u>	
		<u>Cayman Islands</u>	
		City: _____ State/Prov.: _____	
		Country: <u>British West Indies</u> ZIP: _____	
Additional names(s) of conveying party(ies)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance:			
<input type="checkbox"/> Assignment		<input type="checkbox"/> Merger	
<input type="checkbox"/> Security Agreement		<input type="checkbox"/> Change of Name	
<input checked="" type="checkbox"/> Other <u>Change of Address of Assignee</u>			
Execution Date: _____		Additional name(s) & address(es) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Application number(s) or patent numbers(s): If this document is being filed together with a new application, the execution date of the application is: _____			
Patent Application No.		Filing date	
<u>09/757,265</u>		<u>January 9, 2001</u>	
		B. Patent No.(s)	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Additional numbers			
5. Name and address of party to whom correspondence concerning document should be mailed:		6. Total number of applications and patents involved: <u>1</u>	
Name: <u>Edmund P. Pfleger</u>		7. Total fee (37 CFR 3.41): ..... \$ <u>40.00</u>	
Registration No. <u>41,252</u>		<input type="checkbox"/> Enclosed - Any excess or insufficiency should be credited or debited to deposit account	
Address: _____		<input checked="" type="checkbox"/> Authorized to be charged to deposit account	
<u>Grossman, Tucker, Perreault &amp; Pfleger, PLLC</u>		8. Deposit account number:	
<u>55 South Commercial Street</u>		<u>50-2121</u>	
City: <u>Manchester</u>		State/Prov.: <u>NH</u>	
Country: <u>US</u>		ZIP: <u>03101</u>	
(Attach duplicate copy of this page if paying by deposit account)			

**DO NOT USE THIS SPACE**

**9. Statement and signature.**

*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*

Edmund P. Pfleger

November 26, 2002

**Name of Person Signing**

**Signature**

Date

Total number of pages including cover sheet, attachments, and

**Mail documents to be recorded with required cover sheet information to  
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Washington, D.C. 20231**